INSTRUCTIONS FOR

PHYSICAL EXAMINATION FOR FOSTER AND/OR ADOPTIVE APPLICANTS (DHR-FCS-634)

This form is to be given to applicants who wish to foster and/or adopt a child. It is to be completed by the applicants' physician(s). It should be completed in duplicate for each applicant. A copy is to be retained in the case record and for adoptions, a copy is to be sent to the State Department with the completed adoption home study.

```
ERROR: syntaxerror
OFFENDING COMMAND: --nostringval--
STACK:

/Title
()
/Subject
(D:20060719143629)
/ModDate
()
/Keywords
(PDFCreator Version 0.8.0)
/Creator
(D:20060719143629)
/CreationDate
(lrek199a)
/Author
-mark-
```